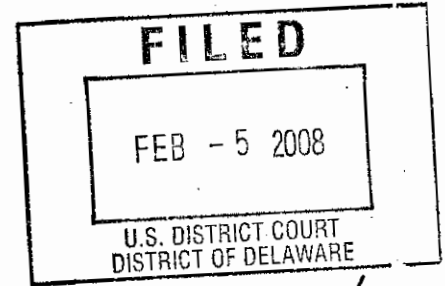


United States District Court
For the District of Delaware



Acknowledgement of Service Form
For Service By Return Receipt

Scanned

Civil Action No. 07cv838-SLR

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

07-838-SLR

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <u>Scott P. [Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>SCOTT P. [Signature]</u> C. Date of Delivery <u>2/4/08</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><u>Warden Raphael Williams</u> <u>H.R. Y.C.I.</u> <u>1301 E. 12th Street</u> <u>Wilmington, DE 19801</u></p>	<p>FEB 04 2008</p> <p>U.S. DISTRICT COURT DISTRICT OF DELAWARE</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Extra Fee </p> <p>4. Restricted Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7005 1820 0004 3169 4343</p>	<p>FILED</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595/02-M-1540